## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/598,785

| CLAIMS AS FILED - PART I                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |                                                 |                                                       |                               |                       |                                  |   | SMALL ENT           | ITY                    |    | OTHER '                    | THAN                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|-------------------------------|-----------------------|----------------------------------|---|---------------------|------------------------|----|----------------------------|------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                                 | (Column                                               | 1)                            | (Column 2)            |                                  |   | TYPE                |                        | OR | SMALL E                    |                        |
| U.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NATIONAL S                                     | TAGE FEES                                       |                                                       |                               |                       |                                  | • | RATE                | FEE                    |    | RATE                       | FEE                    |
| BASI                                                                                                                                                                                                                                                                                                                                                                                                                                                          | C FEE                                          |                                                 | SMALL ENT. = \$ 150                                   |                               | LARGI                 | E ENT. = \$ 300                  |   | BASIC FEE           |                        | OR | BASIC FEE                  | 300                    |
| EXAI                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MINATION FEE                                   |                                                 | Satisfies PCT Art<br>(4) = \$50 /                     |                               |                       | er situations = 1                |   | EXAM. FEE           |                        |    | EXAM. FEE                  | 200                    |
| SEA                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RCH FEE                                        |                                                 | U.S. is ISA = \$ 9<br>ALL other cour<br>\$ 200 / \$ 4 | ntries =                      |                       | ner situations =<br>250 / \$ 500 |   | SEARCH FEE          |                        |    | SEARCH FEE                 | 400                    |
| FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FOR EXTRA SI                                   | PEC. PGS.                                       | minus 100 =                                           |                               |                       | / 50 =                           |   | X \$ 125 =          |                        |    | X \$ 250 =                 |                        |
| тот                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AL CHARGEAB                                    | LE CLAIMS                                       | 6 min                                                 | us 20 =                       | *                     |                                  |   | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
| INDE                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PENDENT CLA                                    | AIMS                                            | / minus 3 = *                                         |                               |                       |                                  |   | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
| MUL                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TIPLE DEPEND                                   | ENT CLAIM PRE                                   | ESENT                                                 |                               |                       |                                  |   | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                                                                                                                                                                      |                                                |                                                 |                                                       |                               |                       |                                  | • | TOTAL               |                        | OR | TOTAL                      | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                                 |                                                       |                               |                       |                                  |   | SMALL ENTITY        |                        | OR | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |                                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY          | PRESENT<br>EXTRA                 |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Total                                          | *                                               | Minus                                                 | **                            |                       | =                                |   | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Independent                                    | *                                               | Minus                                                 | ***                           |                       | =                                |   | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                 |                                                       |                               |                       |                                  |   | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
| TOTAL ADDIT.<br>FEE                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                                 |                                                       |                               |                       |                                  |   |                     |                        | OR | TOTAL ADDIT.<br>FEE        |                        |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                                 |                                                       |                               |                       |                                  |   |                     |                        |    |                            |                        |
| 4T B                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |                                                       | HIGH<br>NUM<br>PREVIO         | IEST<br>IBER<br>OUSLY | PRESENT<br>EXTRA                 |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMEN.                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total                                          | *                                               | Minus                                                 | **                            |                       | =                                |   | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Independent                                    | *                                               | Minus                                                 | ***                           |                       | =                                |   | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
| ,                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FIRST PRES                                     | ENTATION OF M                                   | IULTIPLE DEP                                          | ENDENT                        | CLAIM                 |                                  |   | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                                 |                                                       |                               |                       |                                  |   | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE        |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Barbara Campbell, PCT National Stage Division  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                                 |                                                       |                               |                       |                                  |   |                     |                        |    |                            |                        |